ACT 991 OF 1997
ARKANSAS INSURANCE VERIFICATION
AND NOTIFICATION NETWORK

INSURANCE CARRIERS REPORTING REQUIREMENTS

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SECTION 1

INTRODUCTION

PROGRAM PURPOSE

The purpose of the Insurance Verification Program is to verify that all owners of motor vehicles registered in Arkansas maintain liability insurance as required by law.

MANUAL PURPOSE

The purpose of this manual is to provide insurance carriers with the information they need to comply with the Arkansas Insurance Verification and Notification Network. The success of the program is dependent on the participation of all insurance carriers issuing automobile liability insurance in Arkansas.

Section 1 Includes a brief program overview and defines the insurance carrier requirements for compliance with the program.

Section 2 Describes the process for submitting insurance records to the Department.

Section 3 Defines what type of insurance records are reported to the Department and the information contained in those records.

Section 4 Gives the technical details for media and format requirements.

Section 5 Is a list of office contacts, addresses, and telephone numbers.

Appendix A Contains a list of vehicle make codes provided by the National Crime Information Center (NCIC).

Appendix B Contains a check digit routine for VIN numbers.

Appendix C Contains a copy of the Emergency Regulation 1998-3

PROGRAM OVERVIEW

Act 991 of 1997 created the requirement for the Insurance Verification and Notification Network Program. The Act requires the Department of Finance and Administration and the Office of Driver Services to create and implement a system verifying owner(s) of registered motor vehicles maintaining automobile liability insurance. The system was implemented January 1, 1998.

The program affects all insurance carriers issuing motor vehicle liability insurance in the State of Arkansas.

Those carriers must report all motor vehicle liability insurance coverage in effect to the Department on a monthly basis. The information to be reported includes policy and vehicle information. This data will be used to establish an insurance database.

As of January 1998, all activity occurring during the previous month must be submitted to the Department by the seventh day of each month. Prior to sending the initial transmission of information, the carriers must be approved through the initial process and be prepared to begin monthly reporting. The insurance information submitted must be in a format specified in this manual. See Section 2 - Reporting Process.

The Department will use the insurance information received to identify and flag registered vehicles that are insured. The vehicle identification number (VIN) must match the one on the registration.

All information supplied to the Department by an insurance carrier is retained as a confidential record used for enforcement and regulatory purposes only.

Self-insured information is provided by the Safety Responsibility Division.

REQUIREMENTS

1. This program applies to all insurance carriers issuing motor vehicle liability insurance in Arkansas.

2. Every insurance carrier must report all existing policies providing liability insurance coverage for all motor vehicles registered in Arkansas, if known, or based in Arkansas if registration information is not known.

    Refer to the "Initial Insurance Database Creation Process" for reporting details.

3. As of January 7, 1998 every insurance carrier must report the previous month's motor vehicle liability insurance activity by the seventh day of each month. Reporting must occur at least monthly, but can be done weekly, if approved by the Department.

4. The method of submitting insurance records to the Department and the contents of those records must comply with the standards developed by the Department.

    Refer to the "Technical Specifications" in Section 4.

5. Insurance records received by the Department containing errors are returned to the insurance carrier for correction.

    The insurance carrier has 30 days to correct records submitted with edit errors. The insurance carrier should attempt to resolve other types of errors caused by invalid vehicle identification numbers and no matching insurance records within 60 days.

6. A carrier must notify the Department in writing when they no longer have any active motor vehicle liability policies in force nor plan to issue any future policies in the State of Arkansas.

7. The Department will notify insurance carriers at least 60 days in advance of any reporting requirement changes.

DEFINITIONS

These definitions are intended to help clarify terms used in this manual.

ACTIVITY: Motor vehicle liability insurance transactions that take place during a reporting period and must be reported to the Department.

ADVANTIS: Networking technology - U. S. provider on a global networking.

ARKANSAS INSURANCE DATABASE: The collection of information supplied by the Insurance Carriers and stored by the Department on the Arkansas Insurance Verification & Notification Network (IVANN) to determine and track vehicle liability insurance coverage.

COMMERCIAL VEHICLE: Any vehicle which is reported to the Arkansas Insurance Department as a commercial liability policy.

DATABASE: Refer to Arkansas Insurance Database

DEPARTMENT: The Department of Finance and Administration - Revenue Division, Office of Driver Services - Arkansas Insurance Verification & Notification Network.

EDIT ERRORS: An edit error results from an insurance record with format errors. These errors are due to the absence of data in a required field or invalid information in an edited field. Errors are described in detail in Section 4.

INSURANCE CARRIER NUMBER: A unique number used to identify an insurance carrier. The National Association of Insurance Commissioners Code is used. If a carrier does not have a NAIC code, the number assigned by the Arkansas Insurance Department at the time of licensing is used.

IVANN: Insurance Verification and Notification Network.

IVANS: Insurance Value Added Network Services.

LAPSE IN COVERAGE: A time period when a vehicle is not insured.

MATCH: A match occurs when the insurance record corresponds to a registration record. The VIN on both records must be accurate and the same on both records.

NAIC: National Association of Insurance Commissioners. The NAIC code is used for the insurance carrier number.

NCIC: National Crime Information Center. The NCIC standard is used for vehicle makes and models. A listing of the most common codes of makes and models is in Appendix A.

NON-STANDARD VINS: Vehicles such as "kit cars", gray market - manufactured in other countries, etc, which legitimately do not fulfill the "VIN check" requirements.
NEW ISSUE: The initiation of liability insurance coverage.

NO MATCH: A no match occurs when an insurance record cannot be found by VIN for a change or cancellation.

NON-VEHICLE SPECIFIC INSURANCE RECORD: An insurance record that does not contain vehicle information. This type of record is used whenever insurance is issued by policyholder specifics rather than by vehicle specifics.

REPORTING: The submission of insurance records to the Department. A report can be submitted on any approved media, i.e. electronic or paper.

REPORTING PERIOD: The time period of activity for which insurance records are reported. If an insurance carrier is reporting on a monthly basis, the reporting period is the entire previous month.

TERMINATION: Liability insurance coverage which has been dropped, terminated, canceled, not renewed, or otherwise considered "out of force".

VEHICLE SPECIFIC INSURANCE RECORD: An insurance record that contains vehicle information. This type of record is used whenever insurance is issued by vehicle, and vehicle information is available.

VIN: Vehicle Identification Number

SECTION 2

REPORTING PROCESS

INITIAL INSURANCE DATABASE CREATION PROCESS

The Initial Load:

Insurance Carriers will transmit all active policyholder information and VIN's to the Department using the "A" and "P" transaction requirements. This transmission will populate the Arkansas Insurance Database. This first transmission should be scheduled with the Department and completed within two reporting periods of the sale of a policy to an Arkansas registered vehicle. An Insurance Vehicle Transaction History file will also be maintained by the Department, to record all VIN related actions from the carriers.

1. All insurance carriers will provide the Department with the records of all "active automobile liability insurance coverage" in effect in Arkansas at that time.

   Only submit <u>active</u> insurance records for the initial reporting process.

2. The report contents and media must comply with the requirements outlined in this manual.

3. The Department must receive the records within the second reporting cycle.

4. There will be a testing period before sending your initial information. The carrier must submit test data for validity checking. Please contact the Department to make arrangements. Contacts are listed in Section 5.

5. Insurance records received with format or invalid data errors will be returned to the insurance carrier. These must be corrected and resubmitted on the next transmission.

6. If the entire file rejects, the insurance carrier will be contacted by phone to resolve the problem as quickly as possible. The insurance carrier must make the corrections and resubmit the entire file in order to be credited with a transmission that period.

7. Only valid insurance records will be added to the Arkansas Vehicle Insurance Database.

8. Insurance records with format (edit) errors will not be added to the database.

9. Initial database creation process must be completed before the regular monthly reporting begins.

MONTHLY INSURANCE RECORD REPORTING PROCESS

Monthly Processing:

Each insurance carrier will transmit changed insurance VIN status on a scheduled basis each month. The Department will then consolidate all received transmissions and process them against the Arkansas Insurance Database. All accepted records will update the information into the Arkansas Insurance Database. The return

transmission will indicate number of records received, processed and error records returned. All erred records will be transmitted back to the Insurance Carrier for resolution. This returned transmission should be available to the carrier within 2 workdays from the scheduled process. The carrier will be responsible for downloading the error file within 2 workdays of posting. This effort is needed to prepare for the next cycle. An Insurance Vehicle Transaction History file will also be maintained by the Department to record all VIN related received actions from the carriers.

The regular monthly reporting process has 4 steps:

1. The insurance carrier submits the previous month's insurance activity records to the Department.
2. The insurance records are processed.
3. The error records and a report of records processed are returned to the insurance carrier.
4. The insurance carrier corrects the errors and resubmits the corrected insurance records.

1. **Insurance carrier submits insurance activity records.**

   A. **Schedule**

   Records must be submitted at least monthly, but can be submitted more frequently upon Department approval. The monthly period is reflected as 30 days between transmissions. Any motor vehicle liability insurance coverage activity occurring in the previous month is reported by the reporting period of the current month.

   For reporting purposes, the activity date can be the date the insurance record is recorded in the insurance carrier's home office or when the insurance carrier's database is updated. Policy information must be reported within 45 days of the effective date.

   B. **Format**

   The format for insurance record submission must comply with the Department's standards outlined in Section 4 "Technical Specifications".

   C. **Content**

   The record contents must comply with the "Insurance Record Reporting Requirements" outlined in Section 3 and "Technical Specifications" outlined in Section 4.

   Transactions must be submitted when: new liability insurance is issued or a vehicle is added to a policy; a vehicle is no longer insured, i.e. the vehicle is removed from a policy, the insurance is not renewed, the insurance is canceled or terminated, or whenever the insurance is considered "out of

force". The name and address information must be submitted anytime a new policy is submitted or when any of that information changes.

D. **No Activity**

Submit a "No Activity To Report Notice" to the Department when there has been no activity during the month.

E. **Receipt Notification**

The insurance carrier will be sent notification from the Department when an insurance report is received.

2. **The insurance records are processed.**

Records are processed in the order they are received.

A. **Insurance records are first edited for format.**

Records not meeting the edit criteria are rejected as "edit errors". The records are returned with the appropriate error code. The edits are described in detail in Section 4.

B. **Insurance records with no errors.**

Insurance records with no errors are put on the Arkansas Vehicle Insurance Database.

The matching process is by vehicle identification number (VIN). A registered vehicle is considered insured when the VIN on the Arkansas Insurance Database matches the VIN on a registration record. If the VIN is not found, and the type policy field indicates a "non-vehicle specific policy", the matching process checks the company name field and searches for an _**exact**_ match with the registration record.

C. **Invalid insurance records are returned.**

Invalid insurance records are returned to the insurance carrier with the appropriate error code(s).

An invalid insurance record occurs when:
- a vin or other required fields are invalid
- an insurance terminated record is received, but no existing insurance record is found on file
- an error correction record is received, but no existing insurance record is found on file

3. **The original record submission, error records, and statistical report are returned to the insurance carrier.**

   - If the report is submitted on paper, the error records are returned to the insurance carrier on a printed error report.
   - If the report is submitted Advantis, the error records are returned Advantis.
   - If the report is submitted by tape or cartridge and no Advantis mailbox exist, the error records are returned on a printed error report.

4. **The insurance carrier corrects the errors and resubmits the corrected insurance records to the Department by their next transmission.**

   The insurance carrier has the option of resubmitting the corrected records separately, or as part of the next regular reporting.

INSURANCE CARRIERS ERROR CORRECTION PROCESS

The insurance carrier will receive notification of problems and corrections.

Invalid insurance records are returned from the Department as part of the regular monthly reporting process.

The insurance carrier should take the following actions:

1. If the correct information is not known, contact the insured to get the correct information.

2. Once the correct information is known, make the insurance record corrections and submit the necessary transactions as described in Section 4, "Technical Specifications".

DATABASE RECONCILIATION REQUEST

Insurance carriers may have a need for a listing or tape of the vehicles currently on file in the Insurance Network database, which their company has reported. The Insurance Verification office will arrange for this listing to be made available upon a written request from the carrier. These requests will be handled individually and should be requested infrequently and on a need basis.

NOTIFICATION OF NON-COMPLIANCE PROCESS

Any insurance carrier who has not reported from the seventh of one month to the seventh of the next month will be sent a **"Non-Reporting Notification Letter"**.

If an insurance carrier fails to report by the seventh of the following month, the Department will send an **"Letter of Non-Compliance"**. This notice indicates non-compliance with the requirements of the program.

SECTION 3

INSURANCE RECORD REPORTING REQUIREMENTS

TYPES OF RECORDS REPORTED

1. Only motor vehicle liability insurance is reported.

2. All <u>registered</u> motor vehicles are included (automobiles, commercial vehicles, motor homes, rental cars, and motorcycles).

   Do not report vehicles, which are not registered, i.e. vehicles used by automobile dealerships that have dealer plates/tags.

3. Only motor vehicles registered in Arkansas are reported. If the registration state is not known, submit records when the vehicle is garaged in Arkansas.

4. If the vehicle information is known, submit the record according to the instructions for vehicle specific insurance.

5. When reporting policies with blanket coverage and vehicle information is not required, these records should be submitted according to the instructions for non-vehicle specific insurance.

NON – STANDARD VIN REPORTING

Certain vehicles may have a non-standard VIN which will need to be reported. They may be classified as gray market – manufactured out of the country, kit cars, etc. or other special made vehicles, which may not pass the requirements of the VIN check for length and/or digit placement. These must be handled individually on a manual basis by paper reporting. A copy of the vehicle registration or other proof of the vehicle having a non-standard VIN is required. After the carrier has verified with their insured that this is that type vehicle, contact the Insurance Verification Office for reporting instructions.

TYPES OF TRANSACTIONS REPORTED

1. ADD (A)

An "Add" transaction is used when liability coverage for a vehicle is initiated. When "vehicle specific" policies are being reported on "A" record is required for ***each*** VIN within a policy. When reporting "non-vehicle specific" policies ***only*** one "A" record is required for each policy, regardless of the number of vehicles covered. An Add is sent when:

- a new liability policy is issued
- a vehicle is added to an existing policy
- insurance is reinstated after it had been terminated
  (There was a lapse in coverage)
- a correction is needed. The Add (A) transaction

with valid information follows a Delete (D) transaction

2. CANCELLATION (C)

Cancellation is used when a vehicle no longer has liability insurance coverage. A cancellation is sent when:

- liability coverage is terminated, canceled, or out of force
- a vehicle is dropped from an existing policy
- insurance is not renewed

3. DELETE (D)

The Delete is a correction transaction. It is used to delete a previously sent "Add" or "Cancellation" transaction that was accepted by the Department but contains invalid information.

4. NO DATA (N)

The No Data transaction code will be used when an insurance carrier has no information to report for a particular month or reporting period.

5. POLICY HOLDER'S PERSONAL DATA (P)

The Personal Data transaction code is used to provide the policyholder's name, company's name when applicable and address. One personal data transaction is required for each active policy with liability coverage regardless of the number of VINs with that policy. A "P" transaction must also be sent each time any data within the policyholder's personal data information changes. The policy number must match the policy number submitted on the related VIN's. The policyholder's data will be replaced with the latest information provided for that policy and NAIC. If incorrect information is submitted, submit a new "P" transaction with correct information.

6. MULTIPLE COMPANY NAMES FOR POLICYHOLDERS (M)

This transaction may ***only*** be used when reporting non-vehicle specific coverage. The "multiple company names" transaction code is used to identify insurance coverage of motor vehicles registered in Arkansas by "name search" only. This transaction gives the carrier the option of entering as many needed possible combination of names in which a company's vehicle might be registered.

Lapse in coverage:

If liability insurance coverage is "out of force" and then reinstated:

1. A cancellation (C transaction) is sent when the coverage is considered "out of force", or the vehicle is no longer covered by insurance.
2. An Add (A transaction) is sent when the coverage is reinstated.

Seasonal Vehicles:

Liability insurance suspended for seasonal vehicles is submitted as a cancellation (C transaction).

A. VEHICLE SPECIFIC INSURANCE RECORD REQUIREMENTS

Vehicle Specific Insurance Record Requirements:

One record per vehicle is submitted (Transactions A, C and D)

One name and address is submitted per policy (Transaction P)

Transaction Information:

1. Transaction type

   - A   Add - Active Insurance
   - C   Cancellation or Termination

- D   Delete Transaction
- N   No Data to Report
- P   Policy Holder's Personal Data (Name and Address)

Reporting Information:

1. Insurance Carrier's Number

   - NAIC code
   - If you do not have an NAIC code, use the number assigned by the Arkansas Insurance Department at the time of licensing.

Vehicle Insurance Information:

3. Policy Number

4. Policy Type

   - Vehicle Specific (V)

5. Policy Holder's Name

   - Last Name and First Name

6. Policy Holder's Company Name for Commercial Policies

7. Policy Holder's Address Information

   - Address, City, State, and Zip Code

8. Full Vehicle Identification Number (VIN).

   - The VIN is the primary key used for matching insurance records to registration records

   - VIN accuracy is critical

9. Insurance Effective Date of Vehicle's Coverage

10. Insurance Cancellation Date

    - Used for insurance cancellation transactions only

11. Vehicle Year

12. Vehicle Make

- Use the NCIC standard
  There is a list of common makes in Appendix A. The NCIC code is
  not mandatory at this time, but will be in the future.

13. Vehicle Model

- Use the NCIC standard
  There is a list of common models in Appendix A. The NCIC code is
  not mandatory at this time, but will be in the future.

14. Commercial Flag

- "Y" if vehicle is reported as a commercial vehicle
- "N" if vehicle is reported as a non-commercial vehicle

Optional Company Information:

15. User Field

- This is a 10 character field which will be available for the insurance
  carriers to use at their discretion.

B. NON-VEHICLE SPECIFIC INFORMATION REPORTED

Non-Vehicle Specific Insurance Record Requirements:

The records are for blanket fleet and self-insured insurance coverage when the vehicle information is not required as written in the policy. (Self-insured information is provided by the Drivers License Division.)

Commercial lines with policies covering all vehicles for a company can be reported as one policy per company name, if vehicle specific information is not required in the policy. The Department will indicate insurance coverage to all vehicles registered under the **exact name of the insured**. The Department will not make assumptions of coverage to companies with similar names.

For non-vehicle specific policies one "P" transaction record and one "A" transaction record is required for each policy reported. In place of the VIN, the 1st seventeen characters of the policy number is repeated in the VIN field. This record identifies the coverage.

IMPORTANT: **The "name of the company" the insurance carrier is reporting must match** <u>**exactly**</u> **to the motor vehicle registration, in order for that companies' vehicles to show insurance coverage.**

Transaction Information:

1. Transaction Type

   - A   Add - Active Insurance
   - C   Cancellation or Termination
   - D   Delete Transaction
   - N   No Data to Report
   - P   Policy Holder's Personal Data (Name & Address)
   - M   Multiple Company Name

Reporting Information:

2. Insurance Carrier's Number

   - NAIC code
   - If you do not have an NAIC code, use the number assigned by the Arkansas Insurance Department at the time of licensing

Vehicle Insurance Information:

3. Policy Number

4. Policy Type

   - Non-Vehicle Specific (N)

5. Policy Holder's Company Name for Commercial Policies

6. Policy Holder's Address Information

   - Address, City, State, and Zip Code

7. Alias VIN

   - 1st seventeen digits of policy number

8. Insurance Effective Date

9. Insurance Cancellation Date

    - Use for insurance cancellation transactions only

10. Vehicle Year

    - Must be zeros

11. Vehicle Make

    - Must be blank

12. Vehicle Model

    - Must be blank

13. Commercial Flag

    - "Y" if vehicle is reported as a commercial vehicle
    - "N" if vehicle is reported as a non-commercial vehicle

Optional Carrier Information:

14. User Field

    - This is a 10 character field which will be available for the insurance carriers to use at their discretion.

SECTION 4

TECHNICAL SPECIFICATIONS

DATA PROVIDED BY INSURANCE CARRIERS

GENERAL INFORMATION

This section includes the insurance record layouts and detailed descriptions for each field.

The following is general information about the record layout and each field.

- All numeric fields (type = N) must be right justified and zero filled

- All alphanumeric fields (type = A/N) must be left justified and space filled

- Do not use null values. Use spaces for alphanumeric fields and zeros for numeric fields with no entry

- All alphabetic characters must be UPPER CASE

- Do not use asterisks(*), percentage (%), or at signs(@) in any field

- Do not use any symbols such as dashes (-) or slashes (/) in any numeric field

- All date field formats are: CCYYMMDD for century, year, month, day. (i.e., 19991231)

- Required fields must always contain data

- Conditional fields must contain data depending on the criteria specified with each field description

- Optional fields are requested, but not required

FIELD EDIT RULES

TRANSACTION TYPE

Type of Record Transaction
- Must be '**A**', '**C**', '**D**', '**N**', '**P**', **or** '**M**'
    - '**A**' for New Issuance - Active Liability Insurance
      Send record for every vehicle in a policy when:
        - a new liability policy is issued
        - insurance is reinstated after a lapse in coverage
        - an active record is submitted during the initial reporting process

      Send record for a vehicle when:
        - a VIN is added to a policy
        - a data correction is needed (used after a 'D' record deleting the incorrect record

  '**A**' records will establish insurance coverage record on the Arkansas Insurance Database.

    - '**C**' for Non-renewal, coverage is canceled or out of force
      Send record for every vehicle within a policy when:
        - a policy is canceled
        - a policy is not renewed
        - a policy is changed to another policy number
      Send record for a vehicle when:
        - A vehicle is removed from a policy

  '**C**' records will update an existing insurance record on the Arkansas Insurance Database with the cancellation date provided.

    - '**D**' for Deletions due to errors
      Send record for every vehicle within a policy when:
        - a policy number is wrong
      Send record for a vehicle when:
        - a VIN is wrong
        - the effective date for that VIN is wrong
        - any field for that VIN is wrong

  '**D**' record will delete an existing insurance coverage record.

    - '**N**' for No records to send
      Send record when:
        - No '**A**', '**C**', '**D**', '**P** or '**M**' records are being sent during this reporting period

  '**N**' record will be used for tracking reporting purposes.

- **'P'** is for Policyholder's Personal Data record containing name, company name and address. Only send one 'P' transaction for each policy.
    Send record when:
    - a new liability policy is issued
    - insurance is reinstated after a lapse in coverage
    - an active record is submitted during the initial reporting process
    - when name, company name or address information changes

- **'M'** is for Policyholder's Multiple Company Names containing company name and function code.
    Send record for
    - each company name
    - use function code 'A' to add and 'D' to delete

    Do not send
    - 'M' transaction for the Company name listed in the 'P' transaction

NAIC

Unique number used to identify the Insurance Carrier.
- If the Carrier has an NAIC code, it must be used. If not, the number assigned by the Arkansas Insurance Department is used. This code must exist on the Arkansas Insurance Carriers Database. To exist on the Arkansas Insurance Carriers Database, the Carrier must have passed the certification requirements for participation in the IVANN system.

POLICY NUMBER

Unique number assigned to the policy. The same policy number must be included on all transactions for the VINs under the same policy and the Policyholder's Personal Data transaction. Data must be left justified. If a policy number changes, all VINs must be canceled under the old policy number and added with the new policy number. A "P" transaction must also be submitted with the name and address information for the new policy number.

VIN

Vehicle Identification Number
- When VIN is 17 characters in length, the Check Digit Routine will be used to validate the VIN
- If year of car is 1981 or greater, VIN must be 17 characters in length
- For non-vehicle specific policies, insert the first seventeen characters of the policy number

EFFECTIVE DATE

Date Vehicle began Liability Insurance coverage for policy number provided
- Must be numeric
- Will be edited for valid month and day of month with leap year consideration
- Must be prior or equal to current date. Future dates are not accepted
- Including the initial load, the effective date must be the actual effective date of the insurance policy

CANCEL DATE

Date Vehicle no longer is covered by this policy
- Must be numeric
- Will be edited for valid month and day of month with leap year consideration
- Must be on or before current date. Future dates are not accepted

VEHICLE YEAR

Year of Vehicle
- Must be numeric
- Must be between 1905 and (current year + 2)
- For non-vehicle specific - Must be zeros

VEHICLE MAKE

Make of Vehicle
- Must be greater than spaces
- For non-vehicle specific - Must be spaces

VEHICLE MODEL

Model of Vehicle
- For non-vehicle specific - Must be spaces

COMMERCIAL FLAG

Indicator to identify if vehicle is reported as commercial or non-commercial.
- Must be **Y** (for commercial) or **N** (for non-commercial).

FUNCTION CODE

Indicator to specify an add or delete of company name
- Must be A (for add) or D (for delete)
- 'M' transaction only

USER FIELD

This field is available for use by the Carrier. It will be stored and returned to the Carrier as provided.

EDIT FIELDS FOR POLICY HOLDER'S PERSONAL DATA ('P') TRANSACTION ONLY:

One 'P' transaction is required for each policy. If a policy has two or more VINs, only one 'P' transaction is needed. NAIC code and policy number are required with the following.

POLICY TYPE
- V = Vehicle Specific Policies
- N = Non-Vehicle Specific Policies

LAST NAME
Last Name of Policy Holder
- Must be greater than spaces, if Company Name Field is not being used

FIRST NAME
First Name of Policy Holder
- Must be greater than spaces, if Last Name Field is being used
- Middle Name or Initial may be included

COMPANY NAME
If Policy is for a company, include Company Name
- Must be greater than spaces when reporting non-vehicle specific policies

ADDRESS 1
- First line of address, must be greater than spaces

ADDRESS 2
- Second line of address if needed

CITY
- Must be greater than spaces

STATE
- Must be a valid state code within the U.S. or must be blank if outside U.S.

ZIP CODE
Zip Code Prefix (5 digits)

- Must be greater than zero, if there is an entry in the state field
- May be edited against state and address for validity

Zip Code Suffix (4 digits)

- Provide if known or insert zeros if unknown

GENERAL DATA RECORD DESCRIPTION

The following format applies to all transaction types <u>excluding</u> transactions 'P' & 'M'

FIELD	LENGTH	TYPE*	REQUIRED/ CONDITIONAL/ OPTIONAL	COMMENT
Transaction Type	1	A/N	Required	A for add, C for non-renewal/cancellation D for deleting an invalid record N for no data to report
NAIC	5	A/N	Required	unique 5 characters assigned by insurance commission.
Policy Number	20	A/N	Required	must be greater than spaces
VIN	17	A/N	Required	if after 1980 must match Check digit check if non-vehicle specific policy must = 1st 17 characters of policy number
Effective Date	8	N	Conditional	must be sent if tran type is A or D, can be past or present date, format ccyymmdd
Cancellation Date	8	N	Conditional	must be sent if tran type is C can be past or present date, format ccyymmdd
Year of Car	4	N	Conditional	edit range: 1905 thru current year + 2, when required
Make	4	A/N	Conditional	must be greater than spaces when required
Model	3	A/N	Conditional	must be greater than spaces when required
Commercial flag	1	A/N	Conditional	used to indicate commercial vehicle when required
User Field	10	A/N	Optional	to be used by Insurance Carrier only
Unused Space	119			Spaces
Record Length	200			

*TYPE: A/N - alpha/numeric
        N   - numeric

DATA RECORD DESCRIPTION for transaction type 'A'

(FOR VEHICLE SPECIFIC POLICIES)

FIELD	LENGTH	TYPE*	REQUIRED/ CONDITIONAL/ OPTIONAL	VALUE
Transaction Type	1	A/N	Required	**A**
NAIC	5	A/N	Required	
Policy Number	20	A/N	Required	
VIN	17	A/N	Required	
Effective Date	8	N	Required	
Cancellation Date	8	N		Zeros
Year of Car	4	N	Required	
Make	4	A/N	Required	
Model	3	A/N	Conditional	When applicable
Commercial flag	1	A/N	Required	
User Field	10	A/N	Optional	
Unused Space	119			Spaces
Record Length	200			

*TYPE: A/N - alpha/numeric
        N   - numeric

DATA RECORD DESCRIPTION for transaction type 'A' (FOR NON-VEHICLE SPECIFIC POLICIES)

FIELD	LENGTH	TYPE*	REQUIRED/ CONDITIONAL/ OPTIONAL	VALUE
Transaction Type	1	A/N	Required	**A**
NAIC	5	A/N	Required	
Policy Number	20	A/N	Required	
VIN	17	A/N	Required	Must be 1st 17 characters of policy number
Effective Date	8	N	Required	
Cancellation Date	8	N		Zeros
Year of Car	4	N		Zeros
Make	4	A/N		Spaces
Model	3	A/N		Spaces
Commercial flag	1	A/N	Required	
User Field	10	A/N	Optional	
Unused Space	119			Spaces
Record Length	200			

*TYPE: A/N - alpha/numeric
        N   - numeric

The 1st 17 characters of policy will be used in the VIN field for transactions type "C" & "D" also.

DATA RECORD DESCRIPTION for transaction type 'C'

FIELD	LENGTH	TYPE*	REQUIRED/ CONDITIONAL/ OPTIONAL	VALUE
Transaction Type	1	A/N	Required	**C**
NAIC	5	A/N	Required	
Policy Number	20	A/N	Required	
VIN	17	A/N	Required	
Effective Date	8	N		Zeros
Cancellation Date	8	N	Required	
Year of Car	4	N		Zeros
Make	4	A/N		Spaces
Model	3	A/N		Spaces
Commercial flag	1	A/N		Spaces
User Field	10	A/N	Optional	
Unused Space	119			Spaces
Record Length	200			

*TYPE: A/N - alpha/numeric
           N   - numeric

DATA RECORD DESCRIPTION for transaction type 'D'

FIELD	LENGTH	TYPE*	REQUIRED/ CONDITIONAL/ OPTIONAL	VALUE
Transaction Type	1	A/N	Required	**D**
NAIC	5	A/N	Required	
Policy Number	20	A/N	Required	
VIN	17	A/N	Required	
Effective Date	8	N	Required	
Cancellation Date	8	N		Zeros
Year of Car	4	N		Zeros
Make	4	A/N		Spaces
Model	3	A/N		Spaces
Commercial flag	1	A/N		Spaces
User Field	10	A/N	Optional	
Unused Space	119			Spaces
Record Length	200			

*TYPE: A/N - alpha/numeric
         N   - numeric

DATA RECORD DESCRIPTION for transaction type 'N'

FIELD	LENGTH	TYPE*	REQUIRED/ CONDITIONAL/ OPTIONAL	VALUE
Transaction Type	1	A/N	Required	**N**
NAIC	5	A/N	Required	
Policy Number	20	A/N		Spaces
VIN	17	A/N		Spaces
Effective Date	8	N		Zeros
Cancellation Date	8	N		Zeros
Year of Car	4	N		Zeros
Make	4	A/N		Spaces
Model	3	A/N		Spaces
Commercial flag	1	A/N		Spaces
User Field	10	A/N	Optional	
Unused Space	119			Spaces
Record Length	200			

*TYPE: A/N - alpha/numeric
         N   - numeric

DATA RECORD DESCRIPTION for transaction type 'P'

FIELD	LENGTH	TYPE*	REQUIRED/ CONDITIONAL/ OPTIONAL	VALUE
Transaction Type	1	A/N	Required	**P**
NAIC	5	A/N	Required	
Policy Number	20	A/N	Required	
Policy Type	1	A/N	Required	V - Vehicle Specific N - Non-Vehicle Specific
Last Name	20	A/N	Conditional	Required if no company name
First Name	20	A/N	Conditional	Required if entry is made in last name field
Company Name	40	A/N	Conditional	If policy is by a company or if the policy is a non-vehicle specific policy the company name is required
Address 1	30	A/N	Required	
Address 2	29	A/N	Conditional	Additional line for address if needed
City	23	A/N	Required	
State	2	A/N	Conditional	Required-if in United States Spaces-if out of United States
Zip Code				
Prefix	5	N	Required	Enter Zeros if unknown
Suffix	4	N	Conditional	Enter Zeros if unknown
Record Length	200			

*TYPE: A/N - alpha/numeric
           N   - numeric

DATA RECORD DESCRIPTION for transaction type 'M'

FIELD	LENGTH	TYPE*	REQUIRED/ CONDITIONAL/ OPTIONAL	VALUE
Transaction Type	1	A/N	Required	**M**
NAIC	5	A/N	Required	
Policy Number	20	A/N	Required	
Function Code	1	A/N	Required	A - Add D - Delete
Company Name	40	A/N	Required	
Unused Space	133			Spaces
Record Length	200			

*TYPE: A/N - alpha/numeric
          N   - numeric

ADDITIONAL EDIT RULES

TRANSACTION TYPE 'A'

- The name and address information must exist on the Arkansas Insurance Database for that NAIC and Policy number combination.
- If a VIN and policy number combination is already found on the Arkansas Insurance Database, the following is checked:
    - If the cancellation date on the database is equal to zero, the incoming "A" record is not accepted.
    - If the cancellation date on the database is greater than zero,
    Then the effective dates are compared:
        - If the effective date on the incoming record is before the effective date on the database record, the incoming record is not accepted.
        - If the effective date on the incoming record is on or after the database's effective date and on or before the cancellation date, the cancellation date on the database record will be changed to zeros. The record will continue as active for that vehicle without a break in coverage.
        - If the effective date on the incoming record is after the cancellation date on the database record, a new record will be created.

    - If vehicle year equals zeros, the VIN must match the 1st seventeen characters of the policy number.

TRANSACTION TYPE 'C'

A VIN and Policy combination must be found on the Arkansas Insurance Database.
- Matched record on file must not have a cancellation date.
- Cancel date on incoming record must be on or after the effective date of the policy being canceled.

TRANSACTION TYPE 'D'

A VIN, Policy and effective date combination must be found on the Arkansas Insurance Database.

TRANSACTION TYPE 'P'

'P' transaction types will be processed before all other transaction types received to establish a name and address information before newly reported VINs are edited.

If policy type is "N" the company name field is required.

TRANSACTION TYPE 'M'

The name and address information must exist on the Arkansas Insurance Database for that NAIC and Policy number combination.

DATA RECORD DESCRIPTION for Returned Records

FIELD	LENGTH	TYPE*	Value
Transaction Type	1	A/N	Values of all fields submitted by the Carrier will be returned as received except for the 'P' Transaction - Refer to note below.**
NAIC	5	A/N	
Policy Number	20	A/N	
VIN	17	A/N	
Effective Date	8	N	
Cancellation Date	8	N	
Year of Car	4	N	
Make	4	A/N	
Model	3	A/N	
Commercial flag	1	A/N	
User Field	10	A/N	
Error Codes			One or more of the following codes will be greater than space
Error Code1	2	A/N	
Error Code2	2	A/N	
Error Code3	2	A/N	
Error Code4	2	A/N	
Error Code5	2	A/N	
Total Record length	91		

*TYPE: A/N - alpha/numeric
         N   - numeric

**   Returned 'P' & 'M' transaction types will only have data appearing in the transaction type, NAIC and policy number field. The error code will identify the specific problem with the name and address information.

ERROR CODES AND DEFINITIONS

There are 5 error code fields. The Error Code fields may contain any combination of the codes below.

TRAN ERROR CODES

TE   Transaction type error, must be A, C, D, P, N

NAIC ERROR CODES

NN   NAIC not found on Arkansas Insurance Carriers Database

POLICY HOLDER ERROR CODES

PM   Policy holder name and address missing from Arkansas Policy Holders Database
PI   Policy holder information is invalid
PT   Policy type is invalid

VIN ERROR CODES

VC   VIN failed check-digit routine
VL   VIN is invalid length (must be 17 bytes if year of car > 1980) or not left justified
VN   VIN is not valid for non-specific policy, VIN must be 1st 17 characters of policy number

DATE ERROR CODES

DF   Date is a future date
DI   Date is invalid (i.e. month/day is 02/30)
DP   New effective date being added is *prior* to effective date of policy that has been previously canceled
DM   Date is missing
DN   Date is not numeric

OTHER ERROR CODES

CM   Commercial Flag Error, must be Y or N
ML   Multiple errors, more than one of the OTHER ERROR CODES has been encountered
NF   Record not found for a cancel or delete transaction
RD   Record duplicate, cannot send an add for same VIN and policy that has not been previously canceled or deleted
YC   Year of car out of valid range, 1905 through current year + 2
YN   Year of car not numeric
MI   Missing data
FI   Function code is invalid
NA   Not allowed

FILE TRANSMISSION INFORMATION

GENERAL:

Insurance Verification and Notification Network will use the Information Exchange ("IE") Mailbox as a method of submitting electronic data for the monthly reporting. Information Exchange is a communication service of the IBM Global Network. With IE, you can send and receive virtually any information in electronic form, from free-format messages and data files to highly formatted EDI transactions. Information Exchange, in conjunction with software called Expedite, uses protocol converters, interface programs and translation programs that allow you to send information to and receive information from a mailbox on the IBM Global Network.

CONNECTIVITY AND ORDERING REQUIREMENTS:

ADVANTIS is the system involved in the Information Exchange. If you do not have the ADVANTIS services they may be obtained directly by calling 1-800-655-8865. When contacting ADVANTIS, identify yourself as needing to get set up to do EDI with the state of Arkansas. A minimum of two weeks will need to be allowed for the initial connectivity window with ADVANTIS.

The sponsor ADVANTIS Account / User ID to be used is:

TEST:	ARDR / ARDRS02
PRODUCTION:	ARDR / ARDRS01

Insurance carriers may also use a re-marketer service, provided the hookup is through the ADVANTIS system. If your business already has an account and connectivity established through IVANS (or even through ADVANTIS directly) and using Information Exchange for other projects, you should be ready to start any time. If you have an account and connectivity, but not Information Exchange, you must go to your service provider (i.e., IVANS) to request ordering and cost requirements.

ELECTRONIC FILING TEST SCRIPT

Records to be included with Test Programs

Policy	Transaction Type	Information
Policy 1	P	For Policy 1
	A	For Policy 1 Vin 1
Policy 2	P	For Policy 2
	A	For Policy 2 Vin 2
	C	For Policy 2 Vin 2
Policy 3	P	For Policy 3
	A	For Policy 3 Vin 3
	D	For Policy 3 Vin 3

Policies 4 - 8   Send an additional 5 sets of transactions using the "P", "A", "C", and "D" transactions with any combinations of records you choose. These records should also include errors of your choice. This will serve as a test to check the return error process.

INITIAL LOAD & MONTHLY UPDATE INFORMATION

INITIAL LOAD:

For the initial load, Carriers may provide the book of business on a cartridge, magnetic tape, electronic file transfer, or diskette. The application process will still need to be completed and approved before any data can be accepted.

Tape Option:

For initial loads or monthly updates using tape, the preferred option is a 3480 cartridge tape, a 9 track 6250 BPI or 1600 BPI (least preferred) are also acceptable. Tapes must be EBCDIC format, and have an IBM Standard Label (internal) of:

INS.INITIAL.LOAD

The External Label <u>MUST</u> read:

> Carrier's Name
> All NAIC numbers being reported
> DSN: INS.INITIAL.LOAD
> Record Length: 200
> Block Length: 32,600
> Tape Label is: Standard
> Volser Number: (Must match the volume serial number on internal label)

The tape or cartridge must have <u>*one*</u> external label with all of the requirements listed in the above order.

File Transfer Option

For initial load or monthly updates through file transfer, data may be transmitted as specified for regular monthly processing.

Diskette Option

A 3.5" diskette may be used for the initial load or monthly update, providing the complete book of business or update can be loaded on <u>***ONE***</u> diskette.

External label on diskette must include:

> Carrier's Name
> NAIC Code
> Date

FILE NAME: INAIC#.TXT (i.e. I12345.TXT)

ARKANSAS
ACT 991 OF 1997
INSURANCE COMPANY REPORTING FORM

REPORTING PERIOD:_____   **NAIC#:**_____
(Indicate Month/Year)
COMPANY NAME:_____   *Please mail to:*

                                                                                            Driver Services
ADDRESS:_____   *Insurance Verification*
                                                                                            P. O. Box 8086
CITY:_____**STATE:**_____**ZIP:**_____   *Little Rock, AR 72203-8086*

☐ **CHECK IF NO ACTIVITY TO REPORT THIS MONTH**

                                                                                            Telephone: (501) 682-7932
                                                                                    Fax: *(501) 682-7046*

VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
Transaction Code: (A, C, D, &/OR P)	Transaction Code: (A, C, D, &/OR P)	Transaction Code: (A, C, D, &/OR P)	Transaction Code: (A, C, D, &/OR P)
Policy Number:	Policy Number:	Policy Number:	Policy Number:
Last Name:	Last Name:	Last Name:	Last Name:
First Name:	First Name:	First Name:	First Name:
Company Name:	Company Name:	Company Name:	Company Name:
Address:	Address:	Address:	Address:
City State Zip:	City State Zip:	City State Zip:	City State Zip:
Vehicle Identification Number:	Vehicle Identification Number:	Vehicle Identification Number:	Vehicle Identification Number:
Effective Date:	Effective Date:	Effective Date:	Effective Date:
Cancellation Date:	Cancellation Date:	Cancellation Date:	Cancellation Date:
Year:	Year:	Year:	Year:
Make: Model:	Make: Model:	Make: Model:	Make: Model:
Commercial Vehicle (Y or N)	Commercial Vehicle: (Y or N)	Commercial Vehicle: (Y or N)	Commercial Vehicle: (Y or N)
User's Field:	User's Field:	User's Field:	User's Field:

REPORT PREPARED BY:_____**TITLE:**_____**DATE:**_____**TELEPHONE:**_____

NON-VEHICLE SPECIFIC REPORTING FORM   **ARKANSAS**

ACT 991 OF 1997
INSURANCE COMPANY REPORTING FORM

REPORTING PERIOD:_____   **NAIC#:**_____
(Indicate Month/Year)
INSURANCE CARRIER'S NAME:_____

Please mail to:
Driver Services
ADDRESS:_____   *Insurance Verification*
P. O. Box 8086
CITY:_____**STATE:**_____**ZIP:**_____   *Little Rock, AR 72203-8086*

☐   **CHECK IF NO ACTIVITY TO REPORT THIS MONTH**

Telephone: (501) 682-7932
Fax: (501) 682-7046

POLICY 1	**POLICY 2**	**POLICY 3**	**POLICY 4**
Transaction Code: Function Code: (Required if M transaction)	Transaction Code: Function Code: (Required if M transaction)	Transaction Code: Function Code: (Required if M transaction)	Transaction Code: Function Code: (Required if M transaction)
Policy Number:	Policy Number:	Policy Number:	Policy Number:
INSURED'S COMPANY/BUSINESS NAME	INSURED'S COMPANY/BUSINESS NAME	INSURED'S COMPANY/BUSINESS NAME	INSURED'S COMPANY/BUSINESS NAME
Address:	Address:	Address:	Address:
City:	City:	City:	City:
State, Zip:	State, Zip:	State, Zip:	State, Zip:
Effective Date:	Effective Date:	Effective Date:	Effective Date:
Cancellation Date:	Cancellation Date:	Cancellation Date:	Cancellation Date:
Commercial Vehicle (Y or N)	Commercial Vehicle (Y or N)	Commercial Vehicle (Y or N)	Commercial Vehicle (Y or N)
User's Field:	User's Field:	User's Field:	User's Field:

REPORT PREPARED BY:_____**TITLE:**_____**DATE:**_____**TELEPHONE:**_____

SECTION 5

CONTACT PERSONS

DRIVER SERVICES
INSURANCE VERIFICATION & NOTIFICATION NETWORK
RAGLAND BUILDING, RM. 1120
1900 WEST 7th ST.
LITTLE ROCK AR 72209

TELEPHONE: 501-682-7932 OR 501-682-7930

FAX: 501-682-7046

E-Mail: IVANN@REV.STATE.AR.US

TECHNICAL SUPPORT

APPLICATIONS DEVELOPMENT
ELECTRONIC COMMERCE COORDINATOR
JOEL Y. LEDBETTER BLDG. - ROOM G10
P O BOX 1272
LITTLE ROCK AR 72203

TELEPHONE: 501-682-7020